

Official Form 1 (10/06)

United States Bankruptcy Court Northern DISTRICT OF Illinois		Voluntary Petition																				
Name of Debtor (if individual, enter Last, First, Middle) Diags, Stacy Amanda		Name of Joint Debtor (Spouse) (Last, First, Middle):																				
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names)		All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):																				
Last four digits of Soc. Sec./Complete EIN or other Tax I.D. No. (if more than one, state all) 4630		Last four digits of Soc. Sec./Complete EIN or other Tax I.D. No. (if more than one, state all):																				
Street Address of Debtor (No. and Street, City, and State). 322 Whidah Court Schaumburg, IL		Street Address of Joint Debtor (No. and Street, City, and State):																				
County of Residence or of the Principal Place of Business: COOK		County of Residence or of the Principal Place of Business:																				
Mailing Address of Debtor (if different from street address):		Mailing Address of Joint Debtor (if different from street address):																				
Location of Principal Assets of Business Debtor (if different from street address above):																						
Type of Debtor (Form of Organization) (Check one box.) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)		Nature of Business (Check one box.) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other Tax-Exempt Entity (Check box, if applicable.) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code)																				
		Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box.) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding Nature of Debts (Check one box.) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> Debts are primarily business debts																				
Filing Fee (Check one box.) <input type="checkbox"/> Full Filing Fee attached. <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input checked="" type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.		Chapter 11 Debtors Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D) <input checked="" type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D) Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2 million. Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).																				
Statistical/Administrative Information <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors. Estimated Number of Creditors <table border="1" style="width:100%; text-align: center;"><tr><td>1-49</td><td>50-99</td><td>100-199</td><td>200-999</td><td>1,000-5,000</td><td>5,001-10,000</td><td>10,001-25,000</td><td>25,001-50,000</td><td>50,001-100,000</td><td>Over 100,000</td></tr><tr><td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table> Estimated Assets <input checked="" type="checkbox"/> \$0 to \$10,000 <input type="checkbox"/> \$10,000 to \$100,000 <input type="checkbox"/> \$100,000 to \$1 million <input type="checkbox"/> \$1 million to \$100 million <input type="checkbox"/> More than \$100 million Estimated Liabilities <input checked="" type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,000 to \$100,000 <input type="checkbox"/> \$100,000 to \$1 million <input type="checkbox"/> \$1 million to \$100 million <input type="checkbox"/> More than \$100 million		1-49	50-99	100-199	200-999	1,000-5,000	5,001-10,000	10,001-25,000	25,001-50,000	50,001-100,000	Over 100,000	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	THIS SPACE IS FOR COURT USE ONLY
1-49	50-99	100-199	200-999	1,000-5,000	5,001-10,000	10,001-25,000	25,001-50,000	50,001-100,000	Over 100,000													
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>													

Official Form 1 (10/06)

Form B1, Page 2

Voluntary Petition

(This page must be completed and filed in every case.)

Name of Debtor(s):

All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet)

Location
Where Filed:

Case Number:

Date Filed:

Location
Where Filed:

Case Number:

Date Filed:

Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet)

Name of Debtor:

Case Number:

Date Filed:

District:

Relationship:

Judge:

Exhibit A

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)

☐ Exhibit A is attached and made a part of this petition.

Exhibit B

(To be completed if debtor is an individual whose debts are primarily consumer debts)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I have delivered to the debtor the notice required by 11 U.S.C. § 342(b).

X

Signature of Attorney for Debtor(s) (Date)

Exhibit C

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

☐ Yes, and Exhibit C is attached and made a part of this petition.

☒ No.

Exhibit D

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

☒ Exhibit D completed and signed by the debtor is attached and made a part of this petition.

If this is a joint petition:

☐ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.

Information Regarding the Debtor - Venue

(Check any applicable box.)

☐ Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.

☐ There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District

☐ Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.

Statement by a Debtor Who Resides as a Tenant of Residential Property

(Check all applicable boxes.)

☐ Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)

(Name of landlord that obtained judgment)

(Address of landlord)

☐ Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and

☐ Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.

Official Form 1 (10/06)		Form B1, Page 3	
Voluntary Petition (This page must be completed and filed in every case.)		Name of Debtor	
Signatures of Debtor(s) (Individual/Joint)		Signatures	
<p>I declare under penalty of perjury that the information provided in this petition is true and correct.</p> <p>[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.</p> <p>[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).</p> <p>I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p>X <u>Stacy A. Diggs</u> Signature of Debtor</p> <p>X _____ Signature of Joint Debtor</p> <p>Telephone Number (if not represented by attorney) <u>224-489-9778</u></p> <p>Date <u>8/13/07</u></p>		<p>Signature of a Foreign Representative</p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.</p> <p>(Check only one box.)</p> <p><input type="checkbox"/> I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.</p> <p>Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.</p> <p>X _____ (Signature of Foreign Representative)</p> <p>_____ (Printed Name of Foreign Representative)</p> <p>Date _____</p>	
Signature of Attorney		Signature of Non-Attorney Bankruptcy Petition Preparer	
<p>X _____ Signature of Attorney for Debtor(s)</p> <p>_____ Printed Name of Attorney for Debtor(s)</p> <p>_____ Firm Name</p> <p>_____ Address</p> <p>_____ Telephone Number</p> <p>_____ Date</p>		<p>I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19B is attached.</p> <p>_____ Printed Name and title, if any, of Bankruptcy Petition Preparer</p> <p>_____ Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)</p> <p>_____ Address</p> <p>X _____</p> <p>_____ Date</p> <p>_____ Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.</p> <p>Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual.</p> <p>If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.</p> <p><i>A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.</i></p>	
Signature of Debtor (Corporation/Partnership)			
<p>I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.</p> <p>The debtor requests the relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p>X _____ Signature of Authorized Individual</p> <p>_____ Printed Name of Authorized Individual</p> <p>_____ Title of Authorized Individual</p> <p>_____ Date</p>			

Form B6B
(10/03)

In re

Debtor

Stacy Diggs

Case No.

(If known)

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, or both own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petitioner is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." In providing the information requested in this schedule, do not include the name or address of a minor child. Simply state "a minor child."

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand.		1. 382 Whiddah Court Schaumburg, IL		\$ 20.00
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and home-stead associations, or credit unions, brokerage houses, or cooperatives		2. Checking Account P.O. Box 467458 Atlanta, GA 31146		\$ -2.39
3. Security deposits with public utilities, telephone companies, landlords, and others.	✓	3. Don't have.		
4. Household goods and furnishings, including audio, video, and computer equipment.	✓	4. none		
5. Books, pictures and other art objects; antiques; stamp, coin, record, tape, compact disc, and other collections or collectibles.	✓	5. none		
6. Wearing apparel.	✓	6. none		
7. Furs and jewelry.	✓	7. none		
8. Firearms and sports, photographic, and other hobby equipment.	✓	8. none		
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	✓	9. none		
10. Annuities. Itemize and name each issuer.	✓	10. none		
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c); Rule 1007(b)).	✓	11. none		

Form B6B-Cont
(10/05)

In re _____
Debtor

Case No. _____
(If known)

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITH- OUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	✓			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	✓			
14. Interests in partnerships or joint ventures. Itemize.	✓			
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	✓			
16. Accounts receivable.	✓			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	✓			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	✓			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	✓			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	✓			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	✓			

Form 86B-cont
(10/05)

I, re _____
Debtor

Case No. _____
(If known)

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITH- OUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
22. Patents, copyrights, and other intellectual property. Give particulars.	✓			
23. Licenses, franchises, and other general intangibles. Give particulars.	✓			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	✓			
25. Automobiles, trucks, trailers, and other vehicles and accessories.	✓	25. 91 Honda Civic 322 Whidah Court Schaumburg, IL 60194		Honda Civic \$200.00
26. Boats, motors, and accessories.	✓	98 Mercury Sable Car was stolen		Mercury Sable \$14,000
27. Aircraft and accessories.	✓			
28. Office equipment, furnishings, and supplies.	✓			
29. Machinery, fixtures, equipment, and supplies used in business.	✓			
30. Inventory.	✓			
31. Animals.	✗	31. Dog (Beagle) 322 Whidah Court Schaumburg, IL 60194		\$0
32. Crops - growing or harvested. Give particulars.	✓			
33. Farming equipment and implements	✓			
34. Farm supplies, chemicals, and feed.	✓			
35. Other personal property of any kind not already listed. Itemize.	✓			
continuation sheets attached Total ➤				\$ 14,000

(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules.)

FORM B6D
(6/90)

In re _____
Debtor

Case No. _____
(If known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and account number, if any, of all entities holding claims secured by property of the debtor as of the date of filing of the petition. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests. List creditors in alphabetical order to the extent practicable. If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND MARKET VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO.								
			VALUE \$					
ACCOUNT NO.								
			VALUE \$					
ACCOUNT NO.								
			VALUE \$					
ACCOUNT NO.								
			VALUE \$					
Subtotal (Total of this page)							\$	
Total (Use only on last page)							\$	

____ continuation sheets attached

(Report total also on Summary of Schedules)

Credit Report is Attached

Total▶

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

Official Form 6F (10/06)

In re _____ Debtor _____

Case No. _____ (If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. § 112. If "a minor child" is stated, also include the name, address, and legal relationship to the minor child of a person described in Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts filing a case under chapter 7, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 1160435 FJR Asset Mgmt. 2855 Mangum Rd A-100 Houston, TX 77098			Collection Account				\$789
ACCOUNT NO. 424172313 IC System Collect. P.O. Box 64378 Saint Paul, MN 55164			Collection Account				\$150
ACCOUNT NO. 5078336 Marauder Corp 74923 Highway 111 Indian Wells, CA 92210			Collection Account				\$725
ACCOUNT NO. 11634820 Med Collection Service 725 S. Wells St Ste. 700 Chicago, IL 60607			Collection Account				\$100
Subtotal ▶							\$0
Total ▶ (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)							\$

____ continuation sheets attached

Official Form 6F (10/06) - Cont.

In re _____
Debtor

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 209195 Professional Recovery 600 17th st. #2600/ Denver, CO 80202			Collection Account				\$1,210
ACCOUNT NO. 425995000 3083991 Next Card P.O. Box 922968 Norcross, GA 30010							
ACCOUNT NO.							
ACCOUNT NO.							
ACCOUNT NO.							
ACCOUNT NO.							
Subtotal▶							\$ 0
Total▶ (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.)							\$

Sheet no. ____ of ____ continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Official Form 61 (10/06)

In re Stacy Diggs
Debtor

Case No. _____
(if known)

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child.

Debtor's Marital Status: <u>Single</u>	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP(S):	AGE(S):
Employment:	DEBTOR	SPOUSE
Occupation: <u>Research Assistant</u>		
Name of Employer: <u>Volt</u>		
How long employed: <u>3 months</u>		
Address of Employer:		

INCOME: (Estimate of average or projected monthly income at time case filed)

	DEBTOR	SPOUSE
1. Monthly gross wages, salary, and commissions (Prorate if not paid monthly)	\$ <u>1400.00</u>	\$ _____
2. Estimate monthly overtime	\$ <u>0</u>	\$ _____
3. SUBTOTAL	\$ <u>1400.00</u>	\$ _____
4. LESS PAYROLL DEDUCTIONS		
a. Payroll taxes and social security	\$ _____	\$ _____
b. Insurance	\$ _____	\$ _____
c. Union dues	\$ <u>0</u>	\$ _____
d. Other (Specify): _____	\$ _____	\$ _____
5. SUBTOTAL OF PAYROLL DEDUCTIONS	\$ _____	\$ _____
6. TOTAL NET MONTHLY TAKE HOME PAY	\$ <u>1408.00</u>	\$ _____
7. Regular income from operation of business or profession or farm (Attach detailed statement)	\$ <u>0</u>	\$ _____
8. Income from real property	\$ <u>0</u>	\$ _____
9. Interest and dividends	\$ <u>0</u>	\$ _____
10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above	\$ <u>0</u>	\$ _____
11. Social security or government assistance (Specify): _____	\$ <u>0</u>	\$ _____
12. Pension or retirement income	\$ <u>0</u>	\$ _____
13. Other monthly income (Specify): _____	\$ <u>0</u>	\$ _____
14. SUBTOTAL OF LINES 7 THROUGH 13	\$ <u>0</u>	\$ _____
15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)	\$ <u>1408</u>	\$ _____
16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15; if there is only one debtor repeat total reported on line 15)	\$ <u>1,408</u>	\$ _____

(Report also on Summary of Schedules and, if applicable,
on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:

Official Form 6J (10/06)

In re

Stacy Diggs
Debtor

Case No. _____

(if known)

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home)

a. Are real estate taxes included?

Yes _____ No ☒

\$ 0

b. Is property insurance included?

Yes _____ No ☒

2. Utilities: a. Electricity and heating fuel

b. Water and sewer

c. Telephone

d. Other Cable

\$ 200.00

\$ 25.00

\$ 180.00

\$ 109.00

\$ 225.80

\$ 115.70

\$ 165.00

\$ 75.00

\$ 89.00

\$ 120.00 gas

\$ _____

\$ _____

3. Home maintenance (repairs and upkeep)

4. Food

5. Clothing

6. Laundry and dry cleaning

7. Medical and dental expenses

8. Transportation (not including car payments)

9. Recreation, clubs and entertainment, newspapers, magazines, etc.

10. Charitable contributions

11. Insurance (not deducted from wages or included in home mortgage payments)

a. Homeowner's or renter's

b. Life

c. Health

d. Auto

e. Other _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

12. Taxes (not deducted from wages or included in home mortgage payments)

(Specify) _____

\$ _____

13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)

a. Auto

b. Other _____

c. Other _____

\$ _____

\$ _____

\$ _____

\$ _____

14. Alimony, maintenance, and support paid to others

\$ _____

15. Payments for support of additional dependents not living at your home

\$ _____

16. Regular expenses from operation of business, profession, or farm (attach detailed statement)

\$ _____

17. Other _____

\$ _____

\$ _____

18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)

\$ _____

\$ 1303

19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:

20. STATEMENT OF MONTHLY NET INCOME

a. Average monthly income from Line 15 of Schedule I

b. Average monthly expenses from Line 18 above

c. Monthly net income (a. minus b.)

\$ 1408

\$ 1303

\$ 105

Official Form 6 - Declaration (10/06)

In re _____,
Debtor

Case No. _____
(if known)

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of _____ sheets (total shown on summary page plus 2), and that they are true and correct to the best of my knowledge, information, and belief.

Date 9/4/07

Signature: Stacy A. O'Leary
Debtor

Date _____

Signature _____
(Joint Debtor, if any)

[If joint case, both spouses must sign.]

DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any,
of Bankruptcy Petition Preparer

Social Security No. _____
(Required by 11 U.S.C. § 110.)

If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs this document.

Address _____

X _____
Signature of Bankruptcy Petition Preparer

_____ Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF A CORPORATION OR PARTNERSHIP

I, the _____ [the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership] of the _____ [corporation or partnership] named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of _____ sheets (total shown on summary page plus 1), and that they are true and correct to the best of my knowledge, information, and belief.

Date _____

Signature: _____

[Print or type name of individual signing on behalf of debtor.]

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571

Form 8
(10.05)

United States Bankruptcy Court

District Of Illinois

In re Stacy Diggs
Debtor

Case No. _____
Chapter 7

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

- ☐ I have filed a schedule of assets and liabilities which includes debts secured by property of the estate.
☐ I have filed a schedule of executory contracts and unexpired leases which includes personal property subject to an unexpired lease.
☐ I intend to do the following with respect to the property of the estate which secures those debts or is subject to a lease:

Description of Secured Property	Creditor's Name	Property will be Surrendered	Property is claimed as exempt	Property will be redeemed pursuant to 11 U.S.C. § 722	Debt will be reaffirmed pursuant to 11 U.S.C. § 524(c)

Description of Leased Property	Lessor's Name	Lease will be assumed pursuant to 11 U.S.C. § 362(h)(1)(A)

Date: 9/4/07

Stacy Diggs
Signature of Debtor

DECLARATION OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (Sec 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section.

Printed or Typed Name of Bankruptcy Petition Preparer _____

Social Security No. (Required under 11 U.S.C. § 110.) _____

If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person or partner who signs this document.

Address _____

X _____
Signature of Bankruptcy Petition Preparer

_____ Date

Names and Social Security Numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

Official Form 7
(10/05)

UNITED STATES BANKRUPTCY COURT

DISTRICT OF Illinois

In re:

Stacy Diggs
Debtor

Case No.

(if known)

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. Do not include the name or address of a minor child in this statement. Indicate payments, transfers and the like to minor children by stating "a minor child." See 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. If the answer to an applicable question is "None," mark the box labeled "None." If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

1. Income from employment or operation of business

None
☐

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the two years immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT

SOURCE

2005 Income from Wages -

2006

2007, 1/17)

2. Income other than from employment or operation of business

☒ None

State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT

SOURCE

3. Payments to creditors

Complete a. or b., as appropriate, and c.

☒ None

a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case if the aggregate value of all property that constitutes or is affected by such transfer is not less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
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☒ None

b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case if the aggregate value of all property that constitutes or is affected by such transfer is not less than \$5,000. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS/ TRANSFERS	AMOUNT PAID OR VALUE OF TRANSFERS	AMOUNT STILL OWING
------------------------------	------------------------------	-----------------------------------	--------------------

☐ None

c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATE OF PAYMENT	AMOUNT PAID	AMOUNT STILL OWING
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Greenwich Finance 380 W. Palatine Wheeling, IL 60090	12/1/06	\$100	14,000
--	---------	-------	--------

4. Suits and administrative proceedings, executions, garnishments and attachments

None
☒

a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT
AND CASE NUMBER

NATURE OF PROCEEDING

COURT OR AGENCY
AND LOCATION

STATUS OR
DISPOSITION

None
☐

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS
OF PERSON FOR WHOSE
BENEFIT PROPERTY WAS SEIZED

DATE OF
SEIZURE

DESCRIPTION
AND VALUE
OF PROPERTY

5. Repossessions, foreclosures and returns

None
☐

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS
OF CREDITOR OR SELLER

DATE OF REPOSSESSION,
FORECLOSURE SALE,
TRANSFER OR RETURN

DESCRIPTION
AND VALUE
OF PROPERTY

United Auto Credit Corp
3990 Westerly Pl.
Ste 200
Newport Beach, CA 92660

12/04

2000 Ford Explorer
\$11,000

6. Assignments and receiverships

None
☒

a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS
OF ASSIGNEE

DATE OF
ASSIGNMENT

TERMS OF
ASSIGNMENT
OR SETTLEMENT

None
☒

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN	NAME AND LOCATION OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY
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7. Gifts

None
☒

List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
--	--------------------------------------	-----------------	-------------------------------------

8. Losses

None
☐

List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case or **since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
98 Mercury Sable \$14,000	Vehicle was stolen at my previous address. was not insured	2/28/07

9. Payments related to debt counseling or bankruptcy

None
☒

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
------------------------------	---	--

10. Other transfers

- ☒ None a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE,
RELATIONSHIP TO DEBTOR

DATE

DESCRIBE PROPERTY
TRANSFERRED AND
VALUE RECEIVED

- ☒ None b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER
DEVICE

DATE(S) OF
TRANSFER(S)

AMOUNT OF MONEY OR DESCRIPTION
AND VALUE OF PROPERTY OR DEBTOR'S
INTEREST IN PROPERTY

11. Closed financial accounts

- ☒ None List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS
OF INSTITUTION

TYPE OF ACCOUNT, LAST FOUR
DIGITS OF ACCOUNT NUMBER,
AND AMOUNT OF FINAL BALANCE

AMOUNT AND
DATE OF SALE
OR CLOSING

Professional Account Checking, \$155
2040 W. Wisconsin Ave.
Milwaukee, WI 53233

12. Safe deposit boxes

- ☒ None List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS
OF BANK OR
OTHER DEPOSITORY

NAMES AND ADDRESSES
OF THOSE WITH ACCESS
TO BOX OR DEPOSITORY

DESCRIPTION
OF
CONTENTS

DATE OF TRANSFER
OR SURRENDER,
IF ANY

13. Setoffs

6

None
☐

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separate and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATE OF
SETOFF

AMOUNT
OF SETOFF

14. Property held for another person

None
☒

List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS
OF OWNER

DESCRIPTION AND
VALUE OF PROPERTY

LOCATION OF PROPERTY

15. Prior address of debtor

None
☐

If debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
306041 Granada Court Naperville, IL 60563	Stacy Diggs	12/05 - 6/07
605 Delta St. Rolling Fork, MS 39159	Stacy Diggs	8/05 - 12/05

8636 W. 85th St
Justice, IL 60955
Stacy Diggs
8/04 - 8/05

16. Spouses and Former Spouses

None
☒

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

None ☒

- a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
--------------------------	--	-------------------	----------------------

None ☒

- b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
--------------------------	--	-------------------	----------------------

None ☒

- c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION
--	---------------	--------------------------

18. Nature, location and name of business

None ☒

- a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

NAME	LAST FOUR DIGITS OF SOC. SEC. NO./ COMPLETE EIN OR OTHER TAXPAYER I.D. NO.	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
------	--	---------	--------------------	-------------------------------

☒ None

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME	ADDRESS
------	---------

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement only if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

19. Books, records and financial statements

☒ None

a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS

DATES SERVICES RENDERED

☒ None

b. List all firms or individuals who within **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME

ADDRESS

DATES SERVICES RENDERED

☒ None

c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME

ADDRESS

☒ None

- d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NAME AND ADDRESS

DATE ISSUED

20. Inventories

☒ None

- a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY

INVENTORY SUPERVISOR

DOLLAR AMOUNT
OF INVENTORY
(Specify cost, market or other basis)

☒ None

- b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

DATE OF INVENTORY

NAME AND ADDRESSES
OF CUSTODIAN
OF INVENTORY RECORDS

21. Current Partners, Officers, Directors and Shareholders

☒ None

- a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS

NATURE OF INTEREST

PERCENTAGE OF INTEREST

☒ None

- b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS

TITLE

NATURE AND PERCENTAGE
OF STOCK OWNERSHIP

22. Former partners, officers, directors and shareholders

☒ None

- a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME

ADDRESS

DATE OF WITHDRAWAL

☒ None

- b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS

TITLE

DATE OF TERMINATION

23. Withdrawals from a partnership or distributions by a corporation

☒ None

If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS
OF RECIPIENT,
RELATIONSHIP TO DEBTOR

DATE AND PURPOSE
OF WITHDRAWAL

AMOUNT OF MONEY
OR DESCRIPTION
AND VALUE OF PROPERTY

24. Tax Consolidation Group.

☒ None

If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION

TAXPAYER IDENTIFICATION NUMBER (EIN)

25. Pension Funds.

☒ None

If the debtor is not an individual, list the name and federal taxpayer identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND

TAXPAYER IDENTIFICATION NUMBER (EIN)

* * * * *

[If completed by an individual or individual and spouse]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date 9/4/07

Signature of Debtor Stacy Dejeep

Date _____

Signature of Joint Debtor (if any) _____

[If completed on behalf of a partnership or corporation]

I, declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct to the best of my knowledge, information and belief.

Date _____

Signature _____

Print Name and Title _____

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

____ continuation sheets attached

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer _____

Social Security No. (Required by 11 U.S.C. § 110.) _____

If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs this document.

Address _____

X _____
Signature of Bankruptcy Petition Preparer

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 18 U.S.C. § 156.

Form 19A
(10/05)

United States Bankruptcy Court

_____ District Of Illinois
In re Stacy Diggs
Debtor

Case No. _____

Chapter _____

DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (11 U.S.C. § 110)

I declare under penalty of perjury that:

- (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110;
- (2) I prepared the accompanying document for compensation and have provided the debtor with a copy of that document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342 (b); and
- (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Stacy A. Diggs
Printed or Typed Name of Bankruptcy Petition Preparer

If the bankruptcy petition preparer is not an individual, state the name, address, and social security number of the officer, principal, responsible person or partner who signs this document.

Social Security No.

Address _____

X _____
Signature of Bankruptcy Petition Preparer

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

Form 19B
(10/05)

United States Bankruptcy Court

_____ District Of Illinois

In re Stacy Diagg
Debtor

Case No. _____

Chapter _____

NOTICE TO DEBTOR BY NON-ATTORNEY BANKRUPTCY PETITION PREPARER
[Must be filed with any document prepared by a bankruptcy petition preparer.]

I am a bankruptcy petition preparer. I am not an attorney and may not practice law or give legal advice. Before preparing any document for filing as defined in § 110(a)(2) of the Bankruptcy Code or accepting any fees, I am required by law to provide you with this notice concerning bankruptcy petition preparers. Under the law, § 110 of the Bankruptcy Code (11 U.S.C. § 110), I am forbidden to offer you any legal advice, including advice about any of the following:

- whether to file a petition under the Bankruptcy Code (11 U.S.C. § 101 et seq.);
- whether commencing a case under chapter 7, 11, 12, or 13 is appropriate;
- whether your debts will be eliminated or discharged in a case under the Bankruptcy Code;
- whether you will be able to retain your home, car, or other property after commencing a case under the Bankruptcy Code;
- concerning the tax consequences of a case brought under the Bankruptcy Code;
- concerning the dischargeability of tax claims;
- whether you may or should promise to repay debts to a creditor or enter into a reaffirmation agreement with a creditor to reaffirm a debt;
- concerning how to characterize the nature of your interests in property or your debts; or
- concerning bankruptcy procedures and rights.

[The notice may provide additional examples of legal advice that a bankruptcy petition preparer is not authorized to give.]

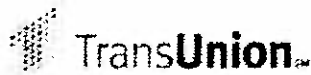
In addition, under 11 U.S.C. § 110(h), the Supreme Court or the Judicial Conference of the United States may promulgate rules or guidelines setting a maximum allowable fee chargeable by a bankruptcy petition preparer. As required by law, I have notified you of the maximum amount, if any, before preparing any document for filing or accepting any fee from you.

Stacy A. Diagg 9/4/07
Signature of Debtor Date

Joint Debtor (if any) Date

[In a joint case, both spouses must sign.]

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[transunion credit report](#) [report an inaccuracy](#) [consumer rights](#)

Personal Credit Report

STACY A. DIGGS
Source: TransUnion

March 30, 2007
Available until Apr 29, 2007

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Stacy, remember to...

Get your
credit score +
tips for making
it higher.

[View your debt
analysis.](#)

Personal Information

Name: STACY A. DIGGS

Other Names: STACY EVANS

You have been on our files since 11/1997

File Numl
Date Issu
SSN: 425-63-4630
Date of Birth: 09/1978
Telephone 420-9425

CURRENT ADDRESS

Address: 8636 W. 85TH ST.
JUSTICE, IL 60458

Date Reported: 01/2007

PREVIOUS ADDRESSES

Address: 30W41 GRANADA CT., #101
NAPERVILLE, IL 60563

Date Reported: 09/2006

Address: 30 W. 041 GRANADA CT., #101
NAPERVILLE, IL 60563

EMPLOYMENT DATA REPORTED

Employer Name: OFFICE TEAM
Date Reported: 08/2006

Position: E
Date Hired:

Employer Name: DEPT OF HOMELAND SE
Date Reported: 12/2005

Position:
Date Hired:

Employer Name: HOMELAND SECURITY
Date Reported: 01/2005

Position: BAG SCREENER
Date Hired:

Employer Name: CHICAGO STAFFING
Date Reported: 12/2000

Position:
Date Hired:

Special Notes: If any item on your credit report begins with 'MED1', it includes medical information and the data following 'MED1' is not displayed to anyone but you except where permitted by law.

Public Records

The following items obtained from public records appear on your report. You may be required to explain public record items to potential creditors. Bankruptcy information will remain on your report for 10 years from the date of the filing. Unpaid tax liens may generally be reported for a period of time depending on your state of residence. Paid tax liens may be reported for 7 years from date of payment. All other public records including discharged chapter 13 bankruptcy, remains for up to 7 years.

COOK COUNTY 1ST MUNICIPAL Docket# 5M1186663

RICHARD J. DALEY
CENTER
CHICAGO, IL 60602
(312) 603-5030

Type: Civil Judgment
Court Type: Circuit Court

Date Filed: 12/2006
Responsibility: Individual
Plaintiff: GFG LOAN COMP
Amount: \$1,406

Estimated date that this item will be removed: 11/2013

Account Information

The key to the right helps explain the payment history information contained in some of the accounts below. Not all accounts will contain payment history information, but some creditors report how you make payments each month in relation to your agreement with them.

NA	X	OK	30	60	90
Not Applicable	Unknown	Current	30 days late	60 days late	90 days late

Adverse Accounts

The following accounts contain information that some creditors may consider to be adverse. Adverse account information may generally be years from the date of the first delinquency, depending on your state of residence. The adverse information in these accounts has been prior >brackets< or is shaded for your convenience, to help you understand your report. They are not bracketed or shaded this way for creditors account # may be scrambled by the creditor for your protection).

AMERICA'S FINANCIAL CHOI #4200105656

2 W. MADISON ST.
SUITE 200
OAK PARK, IL 60302
(708) 524-5000

Balance: \$1,296
Date Updated: 02/2007
High Balance: \$1,000
Past Due: >\$1,296<
Terms: \$182 for 8 months

Pay Status: >120 Days Past
Account Type: Installment Acco
Responsibility: Individual Accou
Date Opened: 09/2004

Loan Type: Unsecured

>Maximum delinquency of 120+ days in 10/2006 for \$1,262<

Estimated date that this item will be removed: 09/2011

Late Payments

4 months
30 60 90
0 0 >4<

Last 4

Months

120 120 120 120
*07 dec nov oct

CAB SERVICES INC #533865

60 BARNEY DR
JOLIET, IL 60435-6402
(815) 725-1303

Balance: \$96
Date Updated: 11/2006
Original Balance: \$96
Original Creditor: CITY OF JOLIET PARKING
TICKE
Past Due: >\$96<

Pay Status: >Collection Acco
Account Type: Open Account
Responsibility: Individual Accou

Loan Type: Open Account

Remark: >Placed for collection<

Date placed for collection: [07/2006]

Estimated date that this item will be removed: 06/2012

CITIBANK NA #42563463020

701 EAST 60TH ST N
SIOUX FALLS, SD 57104-0432
(800) 967-2400

Balance: \$12,571
Date Updated: 02/2007
High Balance: \$12,141
Past Due: >\$268<
Terms: \$38 for 240 months

Pay Status: >120 Days Past
Account Type: Installment Acco
Responsibility: Individual Accou
Date Opened: 05/2006

Loan Type: Student Loan

>Maximum delinquency of 120+ days in 11/2006 for \$153<

Estimated date that this item will be removed: 07/2013

Late Payments

8 months
30 60 90
>1< 0 >4<

Last 8

Months

120 120 120 90 30 OK OK OK
*07 dec nov oct sep aug jul jun

CITIBANK NA #42563463021

701 EAST 60TH ST N
SIOUX FALLS, SD 57104-0432
(800) 967-2400

Balance: \$8,191
Date Updated: 02/2007
High Balance: \$7,910
Past Due: >\$174<
Terms: \$24 for 240 months

Pay Status: >120 Days Past
Account Type: Installment Acco
Responsibility: Individual Accoun
Date Opened: 05/2006

Loan Type: Student Loan

>Maximum delinquency of 120+ days in 11/2006 for \$99<

Estimated date that this item will be removed: 07/2013

Late Payments

8 months

20 60 90

>1< 0 >4<

Last 8

Months

120 120 120 90 30 OK OK OK
'07 dec nov oct sep aug jul jun

CMI #28481911

4200 INTERNATIONAL
CARROLLTON, TX 75007-1912
(800) 377-7789

Balance: \$224
Date Updated: 04/2005
Original Balance: \$224
Original Creditor: WOW INTERNET AND CABLE
SERVIC
Past Due: >\$224<

Pay Status: >Collection Acco
Account Type: Open Account
Responsibility: Individual Accoun

Loan Type: Collection Agency Attorney

Remark: >Placed for collection<

Date placed for collection: [12/2004]

Estimated date that this item will be removed: 09/2011

COLLECTION COMPANY OF AM #7872460

700 LONGWATER DRIV
NORWELL, MA 02061
(781) 681-4300

Balance: \$67
Date Updated: 11/2004
Original Balance: \$50
Original Creditor: AFFIRMATIVE INSURANCE NSF
CH
Past Due: >\$67<

Pay Status: >Collection Acco
Account Type: Open Account
Responsibility: Individual Accoun

Loan Type: Open Account

Remark: >Placed for collection<

Date placed for collection: [09/2004]

Estimated date that this item will be removed: 06/2011

COLUMBUS B&T GEORGIA #4106360019963654

245 PERIMETER CTR
STE 600
ATLANTA, GA 30344
(800) 348-8783

Balance: \$549
Date Updated: 12/2006
High Balance: \$549
Credit Limit: \$300
Past Due: >\$60<

Pay Status: >Charged Off as
Account Type: Revolving Accoun
Responsibility: Individual Accoun
Date Opened: 03/2006
Date Closed: 12/2006

Loan Type: Credit Card

Remark: Account closed by credit grantor

Estimated date that this item will be removed: 04/2013

COMPUTER CR SVC CORP #579665

5340 N CLARK ST
CHICAGO, IL 60640-2120
(773) 989-8800

Balance: \$1,350
Date Updated: 09/2006
Original Balance: \$1,350
Original Creditor: 01 MEINEKE CAR CARE
CENTER
Past Due: \$0

Pay Status: >Collection Acco
Account Type: Open Account
Responsibility: Individual Accoun

Loan Type: Collection Agency Attorney

Remark: >Placed for collection<

Date placed for collection: [07/2006]

Estimated date that this item will be removed: 05/2013

CORTRUST BANK #5436681007024474

500 E 60TH ST N
SIOUX FALLS, SD 57104-0478
(605) 782-3463

Balance: \$432
Date Updated: 01/2007
High Balance: \$432
Credit Limit: \$300
Past Due: >\$432<

Pay Status: >Charged Off as
Account Type: Revolving Accour
Responsibility: Individual Accour
Date Opened: 08/2006
Date Closed: 12/2006

Loan Type: Credit Card

Remark: >Profit and loss writeoff<

Estimated date that this item will be removed: 08/2013

CREDIT PROTECTION #700700801

POB 802068
DALLAS, TX 75380
(800) 255-6775

Balance: \$216
Date Updated: 10/2002
Original Balance: \$216
Original Creditor: AT T BROADBAND
Past Due: >\$216<

Pay Status: >Collection Acco
Account Type: Open Account
Responsibility: Individual Accour

Loan Type: Open Account

Remark: >Placed for collection<

Date placed for collection: [05/2002]

Estimated date that this item will be removed: 10/2008

CREDITORS COLLECTION #1591201

PO BOX 63
KANKAKEE, IL 60901-0063
(815) 933-2211

Balance: \$607
Date Updated: 01/2006
Original Balance: \$607
Original Creditor: MED102 PROVENA ST JOSEPH
MEDICAL C
Past Due: >\$607<

Pay Status: >Collection Acco
Account Type: Open Account
Responsibility: Individual Accour

Loan Type: Collection Agency Attorney

Remark: >Placed for collection<

Date placed for collection: [08/2005]

Estimated date that this item will be removed: 03/2012

DIRECT LOAN SVC SYSTEM #4256346301

PO BOX 5609
GREENVILLE, TX 75403-5609
(800) 848-0979

Balance: \$0
Date Updated: 03/2003
High Balance: \$18,391
Past Due: \$0
Terms: \$170 for 120 months

Pay Status: >Collection Acco
Account Type: Installment Acco
Responsibility: Individual Accour
Date Opened: 08/1997
Date Closed: 03/2003

Loan Type: Student Loan

Remark: >Placed for collection<

Estimated date that this item will be removed: 03/2009

FJR ASSET MANAGEMENT #1160435

2855 MANGUM RD
A-100
HOUSTON, TX 77092
(866) 408-6800

Balance: \$789
Date Updated: 02/2007
Original Balance: \$789
Original Creditor: 01 APLE AUTO CASH EXPRESS
INC
Past Due: >\$789<

Pay Status: >Collection Acco
Account Type: Open Account
Responsibility: Individual Accour

Loan Type: Collection Agency Attorney

Remark: >Placed for collection<

Date placed for collection: [02/2007]

Estimated date that this item will be removed: 09/2013

GC SERVICES #7737850563872

6330 GULFTON ST
HOUSTON, TX 77081-1108
(713) 777-4441

Balance: \$2,638
Date Updated: 02/2003
Original Balance: \$2,638
Original Creditor: 10 SBC AMERITECH
Past Due: >\$2,638<

Pay Status: >Collection Acco
Account Type: Open Account
Responsibility: Individual Accour

Loan Type: Collection Agency Attorney

Remark: >Placed for collection<

Date placed for collection: [09/2002]

Estimated date that this item will be removed: 06/2007

HELLER & FRISONE #29018752584280000

33 N LA SALLE ST
1200
CHICAGO, IL 60602-2603
(312) 236-3644

Balance: \$0
Date Updated: 10/2003
Original Balance: \$262
Original Creditor: TCF NATIONAL BANK
Past Due: \$0

Pay Status: >Payment After
Off/Collection<
Account Type: Open Account
Responsibility: Individual Account
Date Closed: 10/2003
Date Paid: 09/2003

Loan Type: Collection Agency Attorney

Remark: >Paid collection<

Date placed for collection: [07/2000]

Estimated date that this item will be removed: 05/2007

I C SYSTEMS COLLECTIONS #4241723113

PO BOX 64378
SAINT PAUL, MN 55164-0378
(651) 481-6333

Balance: \$150
Date Updated: 03/2007
Original Balance: \$150
Original Creditor: MED102 NAPERVILLE
SURGICAL ASSOC
Past Due: >\$150<

Pay Status: >Collection Acco
Account Type: Open Account
Responsibility: Individual Account

Loan Type: Collection Agency Attorney

Remark: >Placed for collection<

Date placed for collection: [08/2006]

Estimated date that this item will be removed: 02/2013

MARAUDER CORPORATION #5078336

74923 HIGHWAY 111
INDIAN WELLS, CA 92210
(760) 423-1111

Balance: \$1,813
Date Updated: 10/2006
Original Balance: \$725
Original Creditor: 12 QC FINANCIAL FSS FEE
STATES
Past Due: \$0

Pay Status: >Collection Acco
Account Type: Open Account
Responsibility: Individual Account

Loan Type: Collection Agency Attorney

Remark: >Placed for collection<

Date placed for collection: [11/2004]

Estimated date that this item will be removed: 08/2011

MED COLLECTIONS SERVICES #1634820

725 S WELLS ST
STE 700
CHICAGO, IL 60607-4521
(312) 922-3000

Balance: \$100
Date Updated: 01/2007
Original Balance: \$100
Original Creditor: MED1EVERGREEN EMERGENCY
SERVICES
Past Due: >\$100<

Pay Status: >Collection Acco
Account Type: Open Account
Responsibility: Individual Account
Date Closed: 10/2004

Loan Type: Collection Agency Attorney

Remark: >Placed for collection<

Date placed for collection: [10/2004]

Estimated date that this item will be removed: 04/2011

MIDLAND CREDIT MGMT INC #8521758759

8875 AERO DR STE 2
SAN DIEGO, CA 92123
(800) 265-8825

Balance: \$555
Date Updated: 03/2007
Original Balance: \$550
Original Creditor: ASPIRE VISA
Past Due: >\$555<

Pay Status: >Collection Acco
Account Type: Open Account
Responsibility: Individual Account

Loan Type: Factoring Company Account

Remark: >Placed for collection<

Date placed for collection: [02/2007]

Estimated date that this item will be removed: 06/2013

PROFESSIONAL ACCOUNT MGM #3823334

2040 W WISCONSIN A
MILWAUKEE, WI 53233
Phone number not available

Balance: \$55
Date Updated: 03/2004
Original Balance: \$55
Original Creditor: TCF BANK
Past Due: >\$55<

Pay Status: >Collection Acco
Account Type: Open Account
Responsibility: Individual Accour

Loan Type: Collection Agency Attorney

Remark: >Placed for collection<

Date placed for collection: [12/2003]

Estimated date that this item will be removed: 07/2010

PROFESSIONAL RECOVERY SY #209195

600 17TH ST #2600
DENVER, CO 80202-5402
(800) 308-5101

Balance: \$1,210
Date Updated: 02/2006
Original Balance: \$1,210
Original Creditor: 01 A SUBSIDIARY OF BALLY'S
Past Due: >\$1,210<

Pay Status: >Collection Acco
Account Type: Open Account
Responsibility: Individual Accour

Loan Type: Open Account

Remark: >Placed for collection<

Date placed for collection: [11/2005]

Estimated date that this item will be removed: 09/2011

UNITED AUTO CREDIT CORP #35135000606

3990 WESTERLY PL
STE 200
NEWPORT BEACH, CA 92660
(949) 224-1900

Balance: \$5,712
Date Updated: 02/2007
High Balance: \$4,224
Past Due: \$0
Terms: \$252 for 48 months

Pay Status: >Charged Off as
Account Type: Installment Acco
Responsibility: Individual Accour
Date Opened: 07/2004
Date Closed: 01/2005

Loan Type: Automobile

Remark: >Profit and loss writeoff<

Estimated date that this item will be removed: 06/2011

US DEPT OF EDUCATION #32003050122904010

PO BOX 4222
IOWA CITY, IA 52244-4222
Phone number not available

Balance: \$0
Date Updated: 05/2003
High Balance: \$2,625
Collateral: 07 US DEPARTMENT OF
EDUCATION
Past Due: \$0
Terms: \$0 for 36 months

Pay Status: >Payment After
Off/Collection<
Account Type: Installment Acco
Responsibility: Individual Accour
Date Opened: 01/2000
Date Closed: 05/2003

Loan Type: Student Loan

Remark: Account closed due to refinance

Estimated date that this item will be removed: 04/2010

US DEPT OF EDUCATION #32003050122905020

PO BOX 4222
IOWA CITY, IA 52244-4222
Phone number not available

Balance: \$0
Date Updated: 05/2003
High Balance: \$2,625
Collateral: 07 US DEPARTMENT OF
EDUCATION
Past Due: \$0
Terms: \$0 for 36 months

Pay Status: >Payment After
Off/Collection<
Account Type: Installment Acco
Responsibility: Individual Accour
Date Opened: 11/2000
Date Closed: 05/2003

Loan Type: Student Loan

Remark: Account closed due to refinance

Estimated date that this item will be removed: 04/2010

US DEPT OF EDUCATION #32003050122906040

PO BOX 4222
IOWA CITY, IA 52244-4222
Phone number not available

Balance: \$0
Date Updated: 05/2003
High Balance: \$264
Collateral: 07 US DEPARTMENT OF EDUCATION
Past Due: \$0
Terms: \$0 for 36 months

Pay Status: >Payment After
Off/Collection<
Account Type: Installment Acco
Responsibility: Individual Accou
Date Opened: 08/1997
Date Closed: 05/2003

Loan Type: Student Loan
Remark: Account closed due to refinance
Estimated date that this item will be removed: 04/2010

US DEPT OF EDUCATION #32003050122907050

PO BOX 4222
IOWA CITY, IA 52244-4222
Phone number not available

Balance: \$0
Date Updated: 05/2003
High Balance: \$264
Collateral: 07 US DEPARTMENT OF EDUCATION
Past Due: \$0
Terms: \$0 for 36 months

Pay Status: >Payment After
Off/Collection<
Account Type: Installment Acco
Responsibility: Individual Accou
Date Opened: 08/1997
Date Closed: 05/2003

Loan Type: Student Loan
Remark: Account closed due to refinance
Estimated date that this item will be removed: 04/2010

US DEPT OF EDUCATION #32003050122908060

PO BOX 4222
IOWA CITY, IA 52244-4222
Phone number not available

Balance: \$0
Date Updated: 05/2003
High Balance: \$3,500
Collateral: 07 US DEPARTMENT OF EDUCATION
Past Due: \$0
Terms: \$0 for 36 months

Pay Status: >Payment After
Off/Collection<
Account Type: Installment Acco
Responsibility: Individual Accou
Date Opened: 12/1998
Date Closed: 05/2003

Loan Type: Student Loan
Remark: Account closed due to refinance
Estimated date that this item will be removed: 04/2010

US DEPT OF EDUCATION #32003050122909070

PO BOX 4222
IOWA CITY, IA 52244-4222
Phone number not available

Balance: \$0
Date Updated: 05/2003
High Balance: \$4,000
Collateral: 07 US DEPARTMENT OF EDUCATION
Past Due: \$0
Terms: \$0 for 36 months

Pay Status: >Payment After
Off/Collection<
Account Type: Installment Acco
Responsibility: Individual Accou
Date Opened: 11/2000
Date Closed: 05/2003

Loan Type: Student Loan
Remark: Account closed due to refinance
Estimated date that this item will be removed: 04/2010

US DEPT OF EDUCATION #32003050122910080

PO BOX 4222
IOWA CITY, IA 52244-4222
Phone number not available

Balance: \$0
Date Updated: 05/2003
High Balance: \$1,049
Collateral: 07 US DEPARTMENT OF EDUCATION
Past Due: \$0
Terms: \$0 for 36 months

Pay Status: >Payment After
Off/Collection<
Account Type: Installment Acco
Responsibility: Individual Accou
Date Opened: 08/1997
Date Closed: 05/2003

Loan Type: Student Loan
Remark: Account closed due to refinance
Estimated date that this item will be removed: 04/2010

US DEPT OF EDUCATION #32003050122911090

PO BOX 4222
IOWA CITY, IA 52244-4222
Phone number not available

Balance: \$0
Date Updated: 05/2003
High Balance: \$1,048
Collateral: 07 US DEPARTMENT OF EDUCATION
Past Due: \$0
Terms: \$0 for 36 months

Pay Status: >Payment After i
Off/Collection<
Account Type: Installment Acco
Responsibility: Individual Accou
Date Opened: 08/1997
Date Closed: 05/2003

Loan Type: Student Loan
Remark: Account closed due to refinance
Estimated date that this item will be removed: 04/2010

Satisfactory Accounts

The following accounts are reported with no adverse information. (Note: The account # may be scrambled by the creditor for your protectic

AMERICA'S FINANCIAL CHOI #4200200640

2 W. MADISON ST.
SUITE 200
OAK PARK, IL 60302
(708) 524-5000

Balance: \$0
Date Updated: 01/2004
High Balance: \$750
Past Due: \$0
Terms: \$143 for 8 months

Pay Status: Unrated
Account Type: Installment Acco
Responsibility: Individual Accou
Date Opened: 10/2003
Date Closed: 01/2004

Loan Type: Automobile
Remark: Closed

Late Payments

43 months

30 60 90
0 0 0

AMERICA'S FINANCIAL CHOI #4200200932

2 W. MADISON ST.
SUITE 200
OAK PARK, IL 60302
(708) 524-5000

Balance: \$0
Date Updated: 11/2004
High Balance: \$1,000
Past Due: \$0
Terms: \$190 for 8 months

Pay Status: Unrated
Account Type: Installment Acco
Responsibility: Individual Accou
Date Opened: 01/2004
Date Closed: 11/2004

Loan Type: Automobile
Remark: Closed

Late Payments

48 months

30 60 90
0 0 0

CAPITAL CREDIT ALLIANCE #7000010003490490

1050 E SAHARA AVE
SUITE 402
LAS VEGAS, NV 89104-3204
(800) 760-4045

Balance: \$0
Date Updated: 06/2004
High Balance: \$8,500
Credit Limit: \$8,400
Past Due: \$0

Pay Status: Paid or Paying as
Account Type: Revolving Accour
Responsibility: Individual Accou
Date Opened: 01/2004

Loan Type: Credit Card

Late Payments

6 months

30 60 90
0 0 0

Last 6

Months

OK OK OK OK OK OK
may apr mar feb '04 dec

CHASE BANK USA NA #5466724820002021

800 BROOKSEGE BLV
WESTERVILLE, OH 43081
(800) 945-2006

Balance: \$0
Date Updated: 05/2006
High Balance: \$0
Credit Limit: \$2,500
Past Due: \$0

Pay Status: Paid or Paying as
Account Type: Revolving Accour
Responsibility: Authorized Accou
Date Opened: 01/2005
Date Closed: 01/2006

Loan Type: Credit Card
Remark: Account closed by consumer

Late Payments

15 months
30 60 90
0 0 0

Last 15
Months

OK OK OK OK OK OK OK OK OK OK OK OK OK OK OK OK
apr mar feb '06 dec nov oct sep aug jul jun may apr mar feb

CMG CREDIT #8103400280101352

1 MILLENNIUM DR
UNIONTOWN, PA 15401-6408
(724) 437-3707

Balance: \$0
Date Updated: 04/2004
High Balance: \$0
Credit Limit: \$7,500
Past Due: \$0

Pay Status: Paid or Paying as
Account Type: Revolving Account
Responsibility: Individual Account
Date Opened: 01/2004

Loan Type: Credit Card

Late Payments
1 months
30 60 90
0 0 0

Last 1
Months

OK
mar

DIRECT LOAN SVC SYSTEM #4256346302

PO BOX 5609
GREENVILLE, TX 75403-5609
(800) 848-0979

Balance: \$0
Date Updated: 08/2006
High Balance: \$20,141
Past Due: \$0
Terms: \$150 for 148 months

Pay Status: Paid or Paying as
Account Type: Installment Account
Responsibility: Individual Account
Date Opened: 03/2005
Date Closed: 08/2006

Loan Type: Student Loan

Remark: Closed

Late Payments
17 months
30 60 90
0 0 0

Last 16
Months

OK OK OK X X X X X X X X X X X X X X
jul jun may apr mar feb '06 dec nov oct sep aug jul jun may apr

FIRST PREMIER BANK #5178007251102877

900 W DELAWARE ST
SIOUX FALLS, SD 57104-0347
(800) 987-5521

Balance: \$0
Date Updated: 09/2003
High Balance: \$402
Credit Limit: \$400
Past Due: \$0

Pay Status: Paid or Paying as
Account Type: Revolving Account
Responsibility: Authorized Account
Date Opened: 06/2003

Loan Type: Credit Card

Late Payments
3 months
30 60 90
0 0 0

Last 3
Months

OK OK OK
aug jul jun

GREENWICH FINANCE LLC #1716783

380 W PALATINE
WHEELING, IL 60090
(847) 599-1155

Balance: \$7,279
Date Updated: 02/2007
High Balance: \$7,478
Past Due: \$0
Terms: \$151 for 77 months

Pay Status: Paid or Paying as
Account Type: Installment Account
Responsibility: Individual Account
Date Opened: 07/2006

Loan Type: Automobile

Late Payments
7 months
30 60 90
0 0 0

Last 7
Months

OK OK OK OK OK OK OK
'07 dec nov oct sep aug jul

NEXT CARD #4259950003083991

PO BOX 922968
NORCROSS, GA 30010-2968
Phone number not available

Balance: \$0
Date Updated: 08/2001
High Balance: \$350
Credit Limit: \$300
Past Due: \$0

Pay Status: Paid or Paying as
Account Type: Revolving Account
Responsibility: Individual Account
Date Opened: 05/2001
Date Closed: 07/2001

Loan Type: Credit Card

Remark: Account closed by consumer

PERSONAL & CONFIDENTIAL
Return Service Requested



First Revenue Assurance

August 7, 2007

Your Account No.: 7679751
You Owe: AT&T MOBILITY, frmly Cingular
Balance: \$3090.75

2289 - 2940

22897679751
STACY DIGGS
322 WHIDAH COURT
SCHAUMBURG IL 60194-4327



Visit our web site www.firstrevenue.com
Make a payment, set up a payment plan,
report important information regarding your
account.

THIS IS A DEMAND FOR PAYMENT IN FULL

The above referenced account remains your obligation until it has been paid in full.

To avoid further collection efforts, send the balance in full. You may also call our office to set up an autopay to expedite credit to your account.

If you are unable to do so, please contact our office to discuss appropriate payment arrangements.

This is an attempt to collect a debt and any information obtained will be used for that purpose. This communication is from a debt collector.

PLEASE MAIL ALL CORRESPONDENCE TO PO BOX 5818, DENVER, CO 80217



IMPORTANT: Please have this reference number handy when calling our office # 7679751



OFFICE HOURS: MONDAY-THURSDAY 7:00AM-8:00PM, FRIDAY 7:00AM-5:00PM MST

PLEASE DETACH AND ENCLOSE THE LOWER PORTION WITH YOUR PAYMENT IN THE ENVELOPE PROVIDED.

NU

Send correspondence to above address.

IF YOU WISH TO PAY BY VISA OR MASTERCARD, PLEASE CALL OUR
OFFICE OR VISIT OUR WEBSITE AT www.firstrevenue.com

VISA



MASTERCARD



Creditor: AT&T MOBILITY, frmly Cingular
Amount Due: \$3090.75
Account No.: 7679751
Client Ref #: 280054391
Amount Enclosed: _____

STACY DIGGS
322 WHIDAH COURT
SCHAUMBURG IL 601944327

SEND ONLY PAYMENTS TO THIS ADDRESS:

7679751 1426
FIRST REVENUE ASSURANCE
PO BOX 3020
ALBUQUERQUE NM 87110



570110007679751000000142600003090758



1-800-824-7277 / 1-630-241-7302 - T.D.D.

115096024

Billing Address of Card if different than address on notice:

mcmP.O. Box 939019
San Diego, CA 92193-9019

Document Page 40 of 40

ADDRESS SERVICE REQUESTED

07-04-2007

#BWNHLTH
#0000 0852 1758 7592#
STACY A DIGGS
322 WHIDAH CT
SCHAUMBURG, IL 60194-4327

1851-24314

Settlement Opportunity

Contact Information: Tel (800) 282-2644
Fax (800) 306-4443
Hours of Operation: M-Th 6am - 7pm; Fri 6am - 5pm;
Sat 6am - Noon PST
Current Owner: Midland Funding LLC
Original Creditor: ASPIRE VISA
Original Account No: 4106360019963654
MCM Account No: 8521758759
Current Balance: \$563.77
Payment Due Date: 08-03-2007
Letter Code: 07057010

Dear STACY A DIGGS,

You won't want to miss this settlement opportunity offered to you by Midland Credit Management, Inc., servicer of the above referenced account.

Recognizing that you may have gone through some financial difficulty and have been unable to satisfy your account we would like to offer you a **positive and flexible option** to resolve your account for 10% off the Current Balance.

If we receive payment by 08-03-2007 in the amount of \$507.39, we will consider the account balance paid in full!

CALL NOW! To take advantage of this opportunity, please contact us **TOLL-FREE at (800) 282-2644** and any of our Account Managers will be able to assist you.

MAIL! You may prefer to settle your Current Balance by using the Acceptance Certificate below. Simply detach the form and enclose it with your \$507.39 payment in the envelope provided. In order to receive payment by 08-03-2007, please mail no later than 07-29-2007.

PLEASE SEE REVERSE SIDE FOR IMPORTANT INFORMATION.

Sincerely,
A. Syran
Senior Vice President, Operations & Marketing

Please tear off and return lower portion with payment in envelope provided

Acceptance Certificate

MCM Account Number: 8521758759
Current Balance: \$563.77
Amount Due: \$507.39
Make Check Payable to: Midland Credit Management, Inc.
Payment Due Date: 08-03-2007

STACY A DIGGS
322 WHIDAH CT
SCHAUMBURG, IL 60194-4327

mcm

Midland Credit Management, Inc.
Department 8870
Los Angeles, CA 90084-8870



12 8521758759 2 0050739 080307 9

Asset Acceptance LLC

30% DISCOUNT!!
SEE BELOW FOR DETAILS

RE:

UNIVERSAL CARD

Client Account #: 5398830001826543
 Asset Acceptance LLC Acct: 24819105
 Current Balance: \$858.42
 Settlement Balance: \$600.89
 Expiration Date: February 28, 2006

Current Balance: \$858.42
 Settlement Balance: \$600.89
That's a Savings of: \$257.53

Dear STACY A DIGGS:

INCOME TAX REFUND TIME

February is a great time to save money by using your INCOME TAX REFUND or end of year bonus check. Did you know that you may be able to get a RAPID REFUND through your tax preparer?

Have a credit card? Pay quick and easy online with either your checking account or **CREDIT CARD**. You can now go to **www.paymybill.com**. Your User ID is: 0271627. Your password is: 24819105.

Have a checking account? Call us to schedule a check by phone.

In addition, once your account is settled, we will:

Provide you with a paid account letter and close out the account.

It may be possible to extend the deadline under certain circumstances. The settlement offer outlined above is only guaranteed through the above referenced date. After that time, we reserve the right to modify the settlement offer, or revoke the offer entirely.

This offer is void if settlement arrangements have already been made.

This is an attempt to collect a debt and any information obtained will be used for that purpose.

Sincerely,

PERRY BALDWIN – Phone: Toll Free 800-545-9931 Ext. 6631

Debt Collector

Asset Acceptance LLC

MCSASSE036407AACMI

Detach Lower Portion and Return with Payment



PO Box 2039
 Warren MI 48090-2039

ADDRESS SERVICE REQUESTED

Asset Acceptance LLC Acct: 24819105
 Current Balance: \$858.42
 Settlement Balance: \$600.89
 Expiration Date: February 28, 2006

February 3, 2006

ASSET ACCEPTANCE LLC

PO Box 2036

Warren MI 48090-2036



#BWNHKKF

#0000000248191058# 941072 8626 24819105-6407



STACY A DIGGS

8636 W 85th St Apt 209

Justice IL 60458-2171

Case 07-19071 Doc 1
Department #7505
P.O. Box 1259
OAKS, PA 19456

Filed 10/16/07
Document

Entered 10/16/07 12:05:13 Desc Main
Page 46 of 46

Merchants' Credit Guide Co.
ESTABLISHED 1898
INCORPORATED 1898

EXECUTIVE OFFICES
223 W. JACKSON BLVD
CHICAGO, ILLINOIS 60606

Office Hours: Central Standard Time:
M-TH 8AM-8PM; FR 8AM-5PM; SA 8AM-12PM
Telephone: (888) 249-3811/ (888) 249-3811 EXT 3618
09/07/07

9896 - 1281

MEMBER OF THE AMERICAN
COLLECTORS ASSOCIATION



Our File#: 08-072470961
Our Client: EDWARD HOSPITAL
Patient Name: JOE C JUNIOR BURNS

STACY DIGGS
322 WHIDAH CT
SCHAUMBURG IL 60194-4327

Account/Service#	Amount	TOTAL
E036872562	39,270.50	*****
E037241213	7,328.45	\$ 46,795.90
E037402633	196.95	*****

Please be advised we represent the above-mentioned client. We are a licensed and bonded collection agency. We have been assigned the task of collecting the balance due. Your rights under Public Law 95-109 Title VIII are stated at the bottom of this letter. This communication is from a debt collector and is an attempt to collect a debt. Any information obtained will be used for that purpose.

Our client's records indicate they have applied any insurance proceeds expected and this balance is your responsibility. We hope you will take this opportunity to respond and resolve this account. If you respond to this letter within 30 days of receipt of it and work with us to resolve this account, we:

- * will be happy to work with you in a courteous, professional manner.
- * can help you if you think your insurance company has not paid properly.
- * may stop our collection efforts.

Please call us or mail your payment and/or correspondence using the enclosed envelope. To insure proper credit to your account direct all inquiries and payments to our office. Be sure to reference our file number.

Sincerely,
06 MS. BROWN
06 MS. BROWN

Unless you notify this office within 30 days after receiving this notice that you dispute the validity of the debt or any portion thereof, this office will assume this debt to be valid. If you notify this office in writing within 30 days from receiving this notice that you dispute the validity of this debt or any portion thereof, this office will obtain a verification of the debt or obtain a copy of a judgment and mail you a copy of such judgment or verification. If you request this office in writing within 30 days after receiving this notice, this office will provide you with the name and address of the original creditor, if different from the current creditor.

08CD01U2-OFF

Name: STACY DIGGS
Our File #: 08-072470961

☐ Opt-out Notice Description: Checks received in our office may be electronically processed. This is a more secure process for our customers in that the check information cannot be seen by anyone after the payment is electronically converted. You may elect to not have your check processed electronically by checking the box provided.

You can now pay by automated phone system or over the Internet!
Pay by phone at 866-294-0331 or on the web at www.paymybill.com.
Enter 1791441 as your User ID-Access Code.
Enter 08-072470961 as your password.

MERCHANTS' CREDIT GUIDE CO.
223 W. JACKSON BLVD
CHICAGO, ILLINOIS 60606





09/18/07

STACY DIGGS
322 WHIDAH CT
SCHAUMBURG IL 60194-4327

RE: PATIENT NAME: STACY DIGGS
ACCOUNT NO.: F00024314775
SERVICE DATE: 09/15/07
BALANCE: \$3105.00

To Our Valued Patient

This is regarding your bill for medical care at St. Alexius Medical Center. The above amount reflects your balance to date. There may be additional charges when your account final bills.

We are concerned because you do not have health insurance to help pay your bill. We find that many uninsured patients are unaware of the options that are available to help in the resolution of accounts.

In order to resolve your account we would be more than happy to discuss a monthly payment arrangement. Please contact us any business day Monday through Friday to set your account up on a monthly payment plan.

If you cannot pay your bill at all, there is another option you may wish to consider. We provide an assistance program whereby patients who are in need of financial aid to pay their hospital bills are screened for acceptance in the program. Some financial documents are required for the application process. If you qualify, the hospital absorbs all or part of the cost of the patients hospital bill.

If you feel you would qualify for such a program based on annual income, family size or because you have other large outstanding medical bills, please contact one of our financial counselors. They will be happy to discuss the program and outline the application process.

We hope we can come to a satisfactory resolution to the matter of this financial obligation to the medical center.

Sincerely,

Patient Financial Services Department
St. Alexius Medical Center
(847) 843-4040

L AA OFFER



ALEXIAN
BROTHERS
St. Alexius Medical Center

1555 Barrington Road Hoffman Estates, IL 60194

August 30, 2007

Stacy Diggs
322 Whidah Ct
Schaumburg IL 60194-4327

Account Number: **F00022100028**
Guarantor: **Stacy Diggs**
Patient: **Stacy Diggs**
Discharge/Service Date: **06/02/2007**
Current Balance: **\$ 96.90**

FINAL DEMAND!

Dear Stacy Diggs:

Over the past month, the Customer Service Department of Saint Alexius Medical Center has attempted to resolve this outstanding balance with you.

This is a demand for immediate payment in full on or before ten (10) days from this date of notice. Thereafter, this account may be placed with a collection agency without further notice. Please respond by such time to avoid this action.

In the event that you have already sent payment, please disregard this notice.

Customer Service Department
Saint Alexius Medical Center
Toll-free: 1-877-409-8417
Monday through Friday, 7 a.m. to 7:00 p.m.





CCSRECS012615(REV 5-18-06)

Detach Lower Portion And Return With Payment



21219 Network Place
Chicago IL 60673-1212

RETURN SERVICE REQUESTED

Check #	Amt Paid	CIRCLE CARD USING FOR PAYMENT    		
Balance \$ 96.90		CARD NUMBER	3 DIGIT SECURITY CODE (on back of card)	EXP DATE
		SIGNATURE		AMOUNT PAID \$
		PHONE NUMBER (REQUIRED)		

August 30, 2007

F00022100028-2615 0262008 0008191



Stacy Diggs
322 Whidah Ct
Schaumburg IL 60194-4327

ST. ALEXIUS MEDICAL CENTER
21219 Network Place
Chicago IL 60673-1212



Account Number: **F00022100028**
Guarantor: **Stacy Diggs**
Patient: **Stacy Diggs**
Discharge/Service Date: **06/02/2007**

Arnold Scott Harris, P.C.
Attorneys at Law

600 W. Jackson Blvd., Suite 720
Chicago, IL 60661
(866)354-0385

July 6, 2007

**Re: Illinois Department of Revenue
Amount Due: \$1827.29**

31586735
Stacy A Diggs
322 Whidah Ct
Schaumburg, IL 60194-4327

See other side for itemization by tax year.	
Income Tax Amount:	\$954.00
Interest Amount:	\$156.77
Penalty Amount:	\$316.80
Collection Fee Amount:	\$399.72
Total Amount Due:	\$1827.29

Please see other side to pay by mail using your credit card, check or money order.

Claim Investigation Initiated

To: Stacy A Diggs

Your failure to pay this debt due to the Illinois Department of Revenue has left us with no alternative but to conduct an internal investigation. This investigation may include the submission of your name, address, and social security number to our various resources to determine your location of assets, the extent of your liabilities, and your resources for payment. Once we complete our internal investigation and review your assets and liabilities, we may then have our client consider additional remedies to recover the balance due.

BE ADVISED

If a law suit is filed against you and a judgment is obtained, you may risk the following actions:

- **Garnishment of your salary or bank accounts.**
- **Citation to Discover Assets:** This is a court order requiring your appearance, to examine you under oath, to answer questions as to what asset you may have.

The State of Illinois may also take the following actions:

- **Levy of any personal assets, income, or property.**
- **Non-renewal or revocation of your professional license.**
- **Filing of a tax lien against your property.**
- **Revocation or non-renewal of your Illinois Business Tax Number (IBT#).**

IBT#: It is unlawful for any person and/or a sole proprietor to engage in the business of selling tangible personal property at retail in Illinois or to withhold employee's state income tax without an IBT# and without a Certificate of Registration from the Illinois Department of Revenue.

Our firm accepts payment using your check or credit card by phone or via the web.

Call our office today to resolve this matter: (866)354-0385

Pay On-line: www.Pay-Harris-Law-Firm.com



CHECK BY PHONE





Case 07-19071 Doc 1 Filed 10/16/07 Entered 10/16/07 12:05:13 Desc Main
Arnold Scott Harris, P.C. Document Page 46 of 46
Attorneys At Law
600 W. Jackson Blvd., Suite 720
P.O. Box 5598
Chicago, IL 60680-5598

Credit Card Payment

When paying with a credit card, please fill in the following information.

Card No.

\$ Exp. Date - ☐  ☐ 

Signature: _____

By signing here I agree to the terms and conditions of this notice.

July 6, 2007

31586735 00095980025

Stacy A Diggs
322 Whidah Ct
Schaumburg, IL 60194-4327

Remit payment to:

Arnold Scott Harris, P.C.
Attorneys At Law
600 W. Jackson Blvd., Suite 720
Chicago, IL 60661

Please detach at the perforation and mail this coupon with your payment.

Please See Other Side

Multiple Tax Year Itemization:

Income Tax Year	Total Amount Due	Income Tax Amount	Interest Amount	Penalty Amount	Collection Fee
2003	\$1,792.64	\$954.00	\$155.70	\$290.80	\$392.14
2005	\$34.65	\$0.00	\$1.07	\$26.00	\$7.58